

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19967

1. PLACE OF DEATH

103 County Waddard Registration District No. 840
Township York Creek Primary Registration District No. 6102
City Puatico (No. _____) St. _____ Ward _____

File No. _____

Registered No. 14

2. FULL NAME

310 Kenneth Raymond Stapp
(a) Residence, No. Puatico St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Puatico (STATE OR COUNTRY) Mo.

13. NAME Buford Stapp

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Sylvia Westbrook

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Buford Stapp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Puatico DATE _____ 19____

19. UNDERTAKER Lloyd A. Morgan (ADDRESS)

20. FILED 5-13 1939 Bernard D. Dyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5, 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 5, 7 1939, to 5, 5 1939

I last saw him alive on 5, 7 1939. Death is said

to have occurred on the date stated above, at 5, 00A, m.

The principal cause of death and related causes of importance were as follows:

Rickets

Date of onset

Other contributory causes of importance:

Lack of proper nutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? Child Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. H. Dyer D.

977 (Address) Puatico, Mo.

